State of California—Health and Human Services Agency
Department of Health Care Services

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

DATE: December 21, 2007

MMCD Policy Letter 07-018

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: SENATE BILL (SB) 94 – FAMILY PLANNING SERVICES

BACKGROUND

Senate Bill 94, signed by the Governor October 13, 2007, adds Section 14105.181 to the Welfare and Institutions Code. The statute requires the Medi-Cal program to increase rates for comprehensive clinical family planning services when specified evaluation and management office visits are billed in conjunction with specified family planning diagnosis codes.

POLICY

SB 94 enacts the following requirements:

1. Reimbursement rates for office visits billed as comprehensive clinical family planning services with Current Procedural Terminology (CPT) codes 99201-99204 and 99211-99214 by Family PACT waiver providers or billed as family planning services by Medi-Cal providers shall increase to be equal to the weighted average of at least 80 percent of the amount the federal Medicare program reimburses for these same or similar office visits. Enclosed are the rates the fee-for-service program will be using.

2. The rate augmentation shall be based upon Medicare rates in effect on December 31, 2007.

3. The augmentation of reimbursement rates shall be made for those office visits rendered on or after January 1, 2008.

4. The Director of the Department of Health Care Services is authorized to implement the rate increase by means of emergency regulations, provider bulletins, or similar instructions including this letter.

5. Comprehensive Clinical Family Planning services means those services described in paragraph (8) of subdivision (aa) of Section 14132 of the Welfare and Institutions Code. The Medi-Cal program requires providers to bill the above specified CPT codes with a primary diagnosis code of V25.01-25.09, V25.1, V25.2, V25.40-V25.49, V25.5, V25.8, V25.9, or V26.31-V26.35 to receive the augmented reimbursement rate.

Medi-Cal managed care plans are required by SB 94 to enact policies that ensure that providers are reimbursed the augmented rate. Health plans may obtain further guidance from the Medi-Cal website at http://www.medi-cal.ca.gov/ in the Publications section under November 2007 and December 2007 Bulletins.

CAPITATION RATES

While plans must comply with the provider reimbursement provisions of SB 94 effective January 1, 2008, we are unable to implement the related actuarial equivalent changes to rates until the 2008/2009 rate year. The Department will include adjustments for implementation of this policy for SB 94 costs for the 2007/2008 rate year, as well as for the 2008/2009 rate year.

Should you have any questions or require additional information regarding the content of this policy letter, please contact your contract manager.

Sincerely,

Vanessa M. Baird, MPPA, Chief
Medi-Cal Managed Care Division

Enclosure

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Fee-For-Service SB 94 Rates
Effective January 1, 2008

Procedure Code	Rate
99201	$43.72
99202	$65.48
99203	$109.20
99204	$131.53
99211	$22.91
99212	$34.55
99213	$45.82
99214	$71.59